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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/888,439	06/26/2001	Mark Landesmann	084561-0108	9934
22428 7590 04/02/2009 FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW WASHINGTON, DC 20007			EXAMINER LE, KHANH H	
			ART UNIT 3688	PAPER NUMBER
			MAIL DATE 04/02/2009	DELIVERY MODE PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

FOLEY AND LARDNER LLP
SUITE 500
3000 K STREET NW
WASHINGTON, DC 20007

Appeal No: 2009-0421
Appellant: Mark Landesmann
Application No: 09/888,439
Hearing Room: B
Hearing Docket: B
Hearing Date: Thursday, May 21, 2009
Hearing Time: 09:00 AM
Location: Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant_____
Date_____
Registration No.

Names of other visitors expected to accompany counsel: _____

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